

## Lyme Disease

Lyme disease is a tickborne disease with variable dermatologic, rheumatologic, neurologic, and cardiac manifestations. The most reliable early clinical sign of disease is an initial skin lesion commonly referred to as the "bull's-eye" rash or erythema migrans, which occurs in 70% to 80% of cases within a month after a tick bite. Untreated infections can lead to later symptoms in the joints, heart, and nervous system. Examples of these late symptoms include: arthritis characterized by recurrent, brief attacks of joint swelling; lymphocytic meningitis; cranial neuritis (such as Bell's palsy); encephalitis; and second or third degree atrioventricular block.

During 2006, a total of 338 confirmed cases of lyme disease were reported to the Maine CDC. This represents an overall case rate of 26.5 per 100,000 population. Consistent with state and national data from previous years, physician-diagnosed erythema migrans was reported in 73% of cases. Fifty-six percent of the cases were male. The median age was 45 years, with a range of 1 to 91 years.

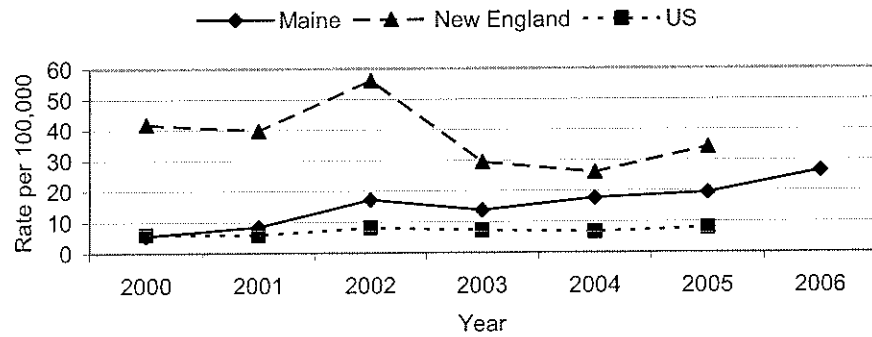
In 2006, lyme disease was reported in 13 of 16 counties in Maine. Aroostook County, Piscataquis County, and Washington County did not report any confirmed cases of lyme disease. York County and Cumberland County together accounted for nearly 68% of cases, with 133 and 96 cases, respectively. In terms of case rates, York County, Lincoln County, and Knox County reported the three highest rates (71.2 per 100,000, 56.5 per 100,000, and 42.9 per 100,000, respectively).

Age appears to be an important risk factor for Lyme disease in Maine. The highest case rates were observed among children between the ages of 5 and 14 years and adults between the ages of 40 and 64. Other high-risk groups were children under the age of five years and seniors 65 years and older. This is somewhat consistent with data from previous years.

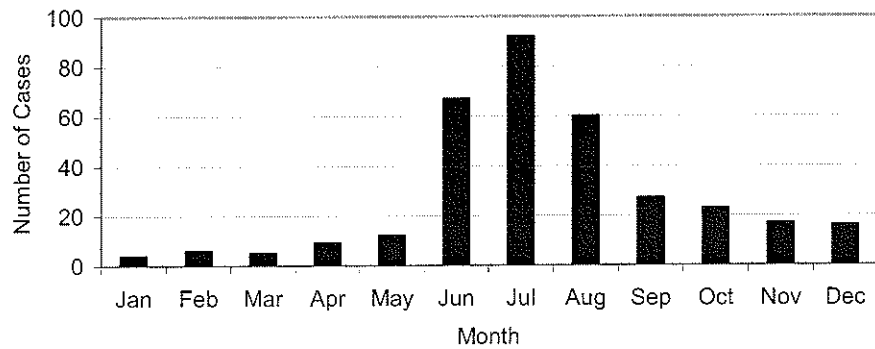
The number of lyme disease cases reported in Maine during 2006 (and its corresponding case rate) is the highest since lyme disease surveillance began. Generally, there has been a gradual increase in incidence in Maine since 2000. Over the same period, incidence at the national level has remained relatively stable while incidence in the New England region has fluctuated but still remains higher than Maine and the United States.

The risk of lyme disease can be reduced by avoiding tick-infested areas; using insect repellents containing DEET (for skin and clothing), permethrin (for clothing only), or picaridin; checking for ticks after returning from tick-infested areas; and modifying the residential landscape.

### Incidence of Lyme Disease, Maine, New England and United States, 2000-2006



### Lyme Disease by Month, Maine, 2006



### Lyme Disease by Age Group, Maine, 2006

